

Submit 1 Copy To Appropriate District Office
 District I – (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II – (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III – (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV – (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

NM OIL CONSERVATION DIVISION
 ARTESIA DISTRICT
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
 MAY 17 2017

WELL API NO.	30-015-43987
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name JAWBONE STATE	
8. Well Number 001H	
9. OGRID Number 015363	
10. Pool name or Wildcat COTTONWOOD DRAW; BONE SPRING	

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
MURCHISON OIL & GAS, INC.

3. Address of Operator
7250 DALLAS PARKWAY, STE. 1400
DALLAS, TX 75024

4. Well Location
 Unit Letter B : 200 feet from the NORTH line and 1675 feet from the EAST line
 Section 2 Township 25S Range 26E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3384 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: TUBING EXCEPTION <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

We hereby request an extension to exception to Subsection J of 19.15.16.10 NMAC regarding required production tubing to allow for greater flow back after fracture stimulation. We plan to install production tubing when well flow diminishes sufficiently which we expect to occur within the next 60 days.

Spud Date: 02/14/2017

Rig Release Date: 03/01/2017

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE VICE PRESIDENT OPERATIONS DATE 5/17/17

Type or print name GARY COOPER E-mail address: rcooper@jdmii.com PHONE: 972-931-0700
 For State Use Only

APPROVED BY: [Signature] TITLE Geologist DATE 5-17-17
 Conditions of Approval (if any):